System Transformation Initiative/Fall Community Forum

# HOUSING QUESTIONNAIRE

## 1. WHAT SUPPORTS ARE NEEDED TO OBTAIN AND MAINTAIN RECOVERY-ORIENTED HOUSING?

**Table Notes:**

### Supports and Services

- Landlord support and education
- Training (quality) for providers, continuous
- Trained staff/landlords
- Community (neighbor) education and support
- Supports to consumers in advocating with neighbors, landlords, and community
- Support for landlords from the system
- On-site support
- Assertive supports
- On site services of sufficient intensity (determined by client and housing provider)
- Housing options allowing for extended family support
- Supports needed to "learn to be housed, i.e., a tenant"
- Property management is needed—how to be a tenant
- Critical to have a property management person to coach tenants on how to be a tenant
- Figure out why behavior is happening (ban guests who are negative)
- Peer support
- Peer support for transitions
- Peer involvement
- Tenant mentors/support
- Be responsible to individual housing needs—safe, useable, and accessible
- System needs to adjust to low services at first, then higher needs as tenant becomes aware
- Services need to be connected to the housing.
- The supports are geared toward recovery: adjustment to what it means to be housed, fewer service at first if it's truly tenant-centered there will be less services required at the beginning
- System needs to be able to assist and adapt to this dynamic of trust and relationship building which helps us to reach people who the system hasn't traditionally worked for
- Services to ensure people aren't leaving because of negative behaviors—ban the guest who bring drugs/alcohol
- Help people get acclimated to new living situation and build community slowly through community activities
- Give tenants a chance to air grievances and to have a say in how the community is run.
- Use eviction as a last resort.
- Flag certain people and have them show how bad, former behaviors have changed
- Instill a sense of responsibility, dignity, and accountability
- Do not require participation in services

- Get community and cities on board.
- Consumer advocates to work with clients and landlords if needed
- Living stipend to help establish housing
- Community education and PR for consumers
- Peer case management—certified peer counselors
- More services in vivo
- Representative payee services geared directly to clients for gaining control of their funds
- On-site health care providers
- Emergency housing during times of crisis
- Specialized housing for geriatrics, English as a second language
- Services need to be available
- Location—accessible to community resources
- Access to Medicaid Personal Care (MPC)
- Meal on Wheels if needed
- 24 hour maintenance team to assure community tenure
- Adjust supports to need of each client so they are fully supported.
- Increase in the number of housing units
- Safe and secure housing
- Housing developed in areas that are safe where supports keep it safe.
- Smaller number of units or roommates
- Funds
- Funding (to obtain and maintain)
- Money for repairs
- Stigma removed
- System advocacy
- Easier access to housing advocates
- Shorter waiting lists
- Change in HUD regulations
- Trained case managers
- Money follows the client
- Interdisciplinary recovery philosophy
- Solid linkages between institutions
- Affordable rent/subsidy
- Home visits by the provider
- Housing not contingent on program participation
- If possible, the provider is not the landlord
- Tenant agreements
- System coordination
- Allowance for slippage without eviction
- Scattered sites
- Empowerment of consumers and legal advocacy
- Education for community to obtain and develop housing
- Ongoing maintenance funding
- Affordable housing: subsidies, tax breaks, Section 8 vouchers, rehabilitation dollars
- Flexible funding to pay rent or rent subsidies when clients enter the hospital or jail

- Home ownership programs
- Support funds for kids aging out of foster care or transitioning out of family homes
- Teaching money management/cooking, cleaning and other life skills
- Community integration activities
- What is recovery-oriented housing? Recovery v. old medical LTC models
- What is recovery-oriented housing?
- HUD Housing model
- Transitional housing/programs to help those leaving institutions
- Funding for the housing itself
- Important to have safe housing in a safe neighborhood
- Coordination with services
- Actual housing
- Incentive for landlords and employers with sliding scale reimbursement to landlords
- Campaign, encourage community to take part in strengthening own community.
- Multiple types of housing, D/A, half-way houses, group homes and supported living
- Portable funding so that individuals can carry funding from different housing models, for example, ARTF to supported living settings
- Care to minimize co-housing that may increase risk of abuse, traumas

**Summary Notes for Question 1:**

- Ongoing supportive services go to the house
- Consistent revenue to pay for housing
- Build new housing
- Create housing by remolding
- Life skills training
- Always include wet housing
- Supportive services to maintain housing (cleaning, etc.), especially during times the consumer may be incarcerated, where funding may be dropped
- Consumer drive individualization
- Suspend funding and eligibility during incarceration instead of dropping eligibility
- Mental health stability support, e.g., meds and therapy
- Funding, on-site support
- Community education on what constitutes a “difficult to treat client”
- Lease with option to buy
- Peer supports/role models
- Available housing in safe neighborhood, ideally integrated
- Understanding landlords
- Partnerships with existing housing providers
- Services on-site, e.g., wellness, counseling
- Portability of money—group homes
- Be responsive to individual needs—safe, useable, respectable, accessible
- Good location in nice neighborhood
- Access to support, e.g., meals on wheels
- 24 hour maintenance team/support to landlords

- Have a property manager on site, coach tenants on how to be a tenant
- Services need to be connected to the housing
- System needs to be adaptive to the reality (if truly a tenant-centered program) that services will be fewer at first due to tenant needing to feel comfortable, build trust, etc.
- Community education, PR and working to get support from communities and cities
- Living stipends to help establish housing
- Consumer advocates to work with clients and landlords

**Individual Questionnaires for Question 1:**

- Funds
- Flexible funding
- Landlord education/cooperation/support
- Care manger training
- Recovery philosophy
- Home maintenance education programs
- Home-based education (budgeting, maintenance)
- Hygiene education
- Funding-rent assistance-interagency funding sharing with DOC, DSHS, DDD
- Compatibility process for roommate selection
- Second chance programs
- On-site services (MH, CD, other)
- Peer counseling
- Consumer defines own recovery
- Lease with landlord re: services to be provided
- "No eject, no reject" approach
- Affordable—based on ability to pay
- Classes on how to be a good tenant
- Regular home visit supports
- Being accessible after a period of in-patient stay and/or incarceration
- Set asides and master leasing
- Landlord support and training
- Landlord supports/education
- On-site support: case management, medication management
- Vocational training
- Security
- Emergency housing for mental health crisis plus chemical dependency
- Need more and timelier crisis housing—can't rely on shelters!!
- Specialized housing—seniors, cultural, disabled, nursing home
- Local services close to the housing (support groups, case management, etc.)
- Money
- Community education
- ADL's
- Peer Support
- Provider training

- PACT or other community resource, plus role models and mentors
- Advocates with knowledge about the system who are accessible 7 days/week
- Funding
- Training
- Partners with existing count/city housing programs
- Services on site/preventive (wellness) care
- Choice of location so for each access to services and jobs
- Federal HUD money
- Independent living skills, e.g., cleaning, paying rent on time, following rules, social skills
- Solid linkages and overlaps between institutions and housing
- Eclectic case management (vs. specialty areas) on site
- Affordable rent/subsidy (remove that concern)
- Case management, on-site services
- Tenant based agreements
- System coordination
- Home visits
- Housing not contingent t on treatment
- Case management
- Peer support
- Wide public support
- Refuse to allow NIMBYism
- Sliding scale for repairs
- Consumer rights and responsibilities
- Safe environments—need to be created within housing alternatives
- Housing comes with the service.
- Affordable housing
- Flexible funds to help people maintain housing and utilities if person loses money or enters jail or the hospital
- Responsive services that meet persons' needs and needs of housing provider
- Messengers of hope
- Help to purchase/cooperate with federal programs
- Work with landlords to develop available units
- Consumer groups as Housing Authority (see New Jersey)
- Incentives for creating recovery oriented housing
- Increase Oxford Houses and family homes
- On-site services of sufficient intensity
- Housing subsidies and tax breaks
- Community integration activities
- Affordable housing and tax breaks for landlords
- Education on how to develop and obtain housing in a community
- Rehab monies and ongoing maintenance
- Flexible funding
- Partnership of their homes
- Youth aging out of foster care or transitioning out of the family home
- On-site services
- Sufficient funding and tax breaks

- Life skills and house community meetings
- Mentoring
- Access to MPC
- Advocacy with landlords, support for landlords willing to rent to clients
- Peer support, paid if possible
- Integrated support—holistic medical, dental
- Support services must be available including food services, repairs, laundry, etc.
- Community care services
- Support for landlords
- Education
- Medication management
- Knowledgeable professionals
- Adequate funding: federal, state, county, private
- Budgets which take routine maintenance as well as larger expenditures (Perhaps allow clients to be paid a small stipend to paint their units or the building
- Advance education of the community to reduce and eliminate stigma-based fears
- Partnerships with local merchants, businesses, and charities
- Support to learn how to be a tenant
- Peer support and policing
- Spectrum of housing options
- Decision for sole tenancy or shared housing shall be made by individual in need
- Integration of housing services directly into the housing program
- Integration of management and services
- Spectrum of housing options-decision for sole tenancy vs. shared housing shall be made by individual, plus apparent need
- Integration of vocational services directly into housing programs
- Integration of management and services
- Level of supportive case management matches individual needs
- Well conceived community building activities supported by peers and case managers
- Look at HUD housing model “Mockingbird Society”, with regard to foster children and foster parents, traditional from “very structured to very independent”
- Peer supports and meaningful activities
- Case management to ensure ongoing services and quality
- Education of consumer and providers
- Link consumers to resources provide referrals
- Consumer rights and responsibilities
- Vacation from convictions in felony offenses or relaxation of the usual background checks for housing assistants if on PACT

## 2. WHAT BARRIERS ARE THERE TO OBTAINING AND MAINTAINING RECOVERY-ORIENTED HOUSING?

**Table Notes:**

Rules and regulations:

- Funding limitations and sustainability
- Funding
- "Client-based" housing resources vs. agency-based
- Flex funds connected to client
- Have to accept choices (limited) to leave hospital
- No operational definition of what recovery-oriented housing is
- Regulatory restrictions related to high risk individuals (e.g., sex offenders)
- Client history—arrests, arson, credit, police, sex offender
- Criminal background
- Having a criminal history eliminates lots of options (can't change history)
- Poor housing history and/or credit
- Less access for forensic clients with criminal history
- HUD rules and regulations
- Wait list
- Exclusive criteria
- Forced roommates
- Reduction in housing options as family size increases
- Housing eligibility criteria: criminal conviction history, drug and alcohol involvement, credit history
- Section 8 waiting list
- SSI eligibility restrictions
- No reduction in benefits for doing well
- Financial penalties for increasing independence
- Paying job, loss of housing
- Requiring the acceptance of services, e.g., taking meds or seeing a doctor
- Requirement to participate in services
- If you don't want the services, you loose the housing
- Need to avoid grouping mentally ill individuals into the same area or apartment complex

<u>System Coordination</u>:
- Coordination of services
- Linking housing to services
- Transportation
- Transportation
- Low Medicaid rates and high caseloads: insufficient resources
- Lack of Section 8 vouchers
- Insufficient daily activities available for clients, such as, vocational, volunteer, social
- Too much transitional housing is available, and not enough permanent housing
- Need for increase in Section 8 Housing

<u>Education and Knowledge</u>:
- Lack of education re resources and process

<u>"Marketplace" Issues</u>:
- Competition for real estate
- Substandard or no choice on location

- Citing issues, neighborhood issues
- "Compliance issues" that go far beyond typical landlord role
- NIMBY and stigma
- Rent is too high for people on SSI
- Lack of good and affordable housing in nice neighborhoods
- There is no available housing
- Increasing home prices
- Lack of available units—especially Section 8

Special Needs Housing:
- Housing that is strictly "clean and sober"
- Housing that is intolerant of behavioral issues—which are transient
- Lack of specialized housing for mentally ill adults with spouses or children
- Lack of specialized housing for mentally ill adults with spouses or children

Maintaining Housing:
- Consumers lack of making sufficient money to maintain housing

Stigma/community Acceptance:
- Community/neighborhood/landlord/provider acceptance
- Stigma of mental health—bad renter
- Criminal history
- Rental history
- Perceptions and stigma
- Stigma/discrimination—too many people don't understand mental illness and are afraid

Consumer Issues:
- Consumer skill level inadequate to maintain safe and secure housing environment
- Lack of skills related to being a tenant
- Institutionalization and created dependency
- Patient's own fears
- Sometimes when living on the streets for a long time, housing feels very restrictive
- Idleness cycles
- Alcohol use
- Money
- Expensive to look, fees to apply for housing; have to have a credit history when you are 21!

**Summary Notes for Question 2:**

- Cost of housing
- Housing should come first
- Felony convictions
- Spanish speaking people need support oriented to their culture as do Russians and SE Asian populations
- Remove highly restrictive mandates, e.g., requiring payees and case management
- Long waiting list for housing and vocational services,

- Lack of affordable housing
- Criminal record
- Stigma
- High cost of housing, lack of housing—no choice
- Clients get stuck in crappy housing indefinitely
- Coordination of services
- Clients become institutionalized
- Location, close to bus line and grocery store
- Criteria by landlords
- Clean and sober criteria screens out high need clients
- Client history-eviction, arson, arrests, credit, sex offender
- Insufficient daily activities available for clients—social, volunteer, vocational
- Transitional housing is not permanent housing
- Don't have a requirement to participate in services
- Lack of consumer advocates
- Need for increased housing and funding
- Consumers not making enough to pay for housing

**Individual Questionnaires for Question 2:**

- Change in HUD criteria
- Can't get through on phone lines
- Red tape, waiting lists/paperwork
- Criminal history (sex offenders)
- Affordability
- Landlord concerns addressed and supported
- Criminal history
- Affordable housing
- Landlords
- Credit history
- Liability to landlords—we need limited liability statute for providers
- Consider asking the legislature to direct the State to create a pilot housing project that is evaluated in a study by WSIPP to assist in developing performance measures.
- Not enough housing for the number of homeless
- Process to move people from temporary shelters to housing
- Cost
- Finding homeless to work with
- Funding limitations
- Willingness of landlords and providers to accept consumers
- Consumer ability to maintain housing—treatment, support, education
- Community acceptance: "Don't want those folks in my neighborhood
- Stigma
- Access to resources, limited patient money
- No patient choice
- Substandard options
- Coordination of services

- Fear
- Learned dependency
- Minimal funding—other resources for training of house managers and ongoing support
- Funding criteria punishes people who are transitioning to more independent functioning
- Funding
- Up front funding for master lease: holding credit, deposits, up front costs to individual
- Local buy-in by community
- Housing that is strictly “clean and sober”
- Housing that is intolerant to behavioral issues relating to some acute illnesses
- Citing /neighborhood issues
- Requiring consumers to share apartments/roommates
- Requiring higher standards than regular population
- Mental health agency shouldn’t be landlord
- Not insisting on taking meds for now
- Money, damage deposits, first and last month rent
- Criminal history
- Credit reports
- Criminal background check
- Tolerance of symptoms (do not evict or reject)
- Income stability
- Lack of affordable housing
- Low Medicaid rates-high case loads-insufficient services and crisis response
- Section 8 restrictions on people eligible for vouchers due to criminal history
- Stigma—people afraid of people with mental illness living in neighborhood
- Sobriety and recovery as a requirement for staying in house
- People with felony records
- Lack of units
- Section 8 waiting lists
- Red tape
- Cost and zoning
- Affordable/”low income” housing usually in crime/drug ridden areas
- Stigma, “not in my neighborhood
- Past criminal convictions
- Affordability
- Funding
- Stigma
- Lack of skills to be a tenant
- Credit history
- NIMBY
- Rents are too high, lack of Section 8 vouchers, lack of good, available housing in nice neighborhoods
- Insufficient meaningful daily activities (vocational & volunteer)
- Rents too high for those on SSI/SSDI
- Criteria for qualifying excludes many, e.g., felons
- Housing insurance/don’t get all the services
- Professionals who are not knowledgeable

- Fear/ignorance due to stigma
- Inadequate funding and/or supervision of tenants leads to housing becoming a slum
- Inadequate on-site management access
- Criminal records
- Substance abuse
- Stigma and discrimination
- Appropriate, safe and equitable housing
- Person centered, self-directed choice
- Rules for subsidized housing
- Insufficient resources
- Complex funding models
- Subsidy rates for Section 8 are too low to obtain quality housing
- Unreasonably tight screening—especially re criminal background
- Felony convictions from the past
- Abstinence from drugs and alcohol is essential
- Inability to keep caseloads down due to increasing needs
- Funding and employment
- Range of ADK capabilities is so diverse

## 3. WHAT HOUSING OUTCOMES SHOULD THE SYSTEM MEASURE?

**Table Notes:**

Satisfaction:
- Housing satisfaction—ask them!!
- Tenant satisfaction
- Patient satisfaction
- Satisfaction by client/tenant
- Surveys—client/tenant satisfaction
- Client/landlord/community satisfaction surveys
- Consumer satisfaction with their housing
- Quality of life
- Consumer reports that they feel safe and comfortable in their housing
- Landlord/housing provider satisfaction

Length of stay:
- Length of stay in residence
- Length of stay in housing setting
- # Hospital days, jail days
- # of moves
- Housing stability
- Housing tenure—how long has it lasted?
- How long housed
- # of evictions

Referral process:
- Timely access to housing (referral to placement)

People Data:
- Percent of mentally ill consumers reporting homelessness
- Reduced incidents of homelessness
- # of people moving into housing
- More people in independent living
- # of tenants that graduate to more independent living
- How many people graduate from supported housing
- # of people moving from funded housing to independence with own house, own job, own health insurance
- Recovery/graduation orientation
- What other areas improved because basic needs were met
- # of tenants fully paying for rent
- # ER visits per tenant
- Increased health—reduced use of medical and emergency services
- Staff turnover
- Reasons for moving, how often
- Impact of addressing treatment issues
- Ability to progress through the housing continuum
- Kids staying in their neighborhood school
- Isolation and functionality—how to measure? (Important if there is some sort of on-site manager to track that.)
- Has connectedness to the community increased?
- Has employment level increased?
- Has criminal activity decreased?
- Have home maintenance skills/commitment increased?

Housing:
- Scattered site housing throughout the community
- Spread low income housing through the city, not keep it in a few areas
- Upkeep of house
- Amount of housing and assets
- Housing capacity and needs data base
- Asset acquisition
- % of money that goes for treatment vs. housing
- Basic data on housing needs, cost, amount, ownership
- Monthly inspections
- Is it sustainable?
- Housing that is their own

Transportation:
- Accessible transportation

Miscellaneous:

- Conduct a longitudinal study
- Less dependency on institutions

**Summary Notes for Question 3:**

- Increase interim housing
- Individualize the level of care for each person in housing
- Agency leases the apartment (client always get rent paid that way)
- Measure consistency of effort trying to engage homeless people
- Fewer homeless people
- More housing units
- Full community integration. (Housing is a first step, we need to make sure they go on to hold a job and move on when desired.
- Length of stay at hospital
- Patient satisfaction
- Staff turnover
- Housing stability
- Measure client quality of life, including housing, vocational, graduation, recovery
- How much money is diverted from treatment to housing (asset acquisition by mental health providers)
- Housing tenure
- Client/tenant satisfaction
- Measure homelessness
- Consumer pay not on time/abiding by the rental agreement
- Disturbing fellow residents
- Is it really decreasing population of state facilities?

**Individual Questionnaires for Question 3:**

- Consumer satisfaction
- Patient satisfaction
- Patient success
- Violence and drugs
- Staff turnover
- Homelessness
- Eviction rates
- Transitional, supported housing, independent housing (permanent housing)
- Consumer satisfaction
- Progressive transgression thru housing: supported, community, home ownership
- Length of stay in unit (duration)
- Ability to increase tenant share incrementally
- Types of housing, i.e., rental/homeowner share
- Increased # of subsidies created by State
- Increased State contribution of monetary nature
- Reduced homelessness

- Independent living vs. assisted living
- Increased conversion of housing stock to “affordable” units
- Length of tenancy—longevity
- Timely access to housing
- % of consumers who are homeless
- Discharges from hospital to “homeless” or “mission” decrease
- When the person identifies a desire to have independent living, they “get it” and support services are adjusted to the level needed to ensure success!
- How many graduate out of “supported housing” to independent living
- Cost saving with housing vs. emergency services
- Have they moved into housing?
- Are they still housed—how long?
- Have they addressed or resolved issues that may threaten housing stability?
- Ability to live independently in own apartment
- Housing stability, length of time
- Peer involvement
- Maintain property values and upkeep
- Self-sufficiency
- Number of homeless on the street
- Upkeep of house
- Housing tenure
- Reduction in # of people experiencing homelessness
- Decrease hospitalizations
- Decrease arrests
- Increase health
- # kids staying in neighborhood schools
- Longevity in permanent housing
- Satisfaction
- Affordable, decent housing in neighborhood settings
- Review client participation in community life
- Meaningful daily activities
- Client satisfaction—do they believe that they are progressing in recovery?
- Quality of life assessments
- Data base on capacity, true needs, etc. to determine cost of housing
- Gear housing to ultimate independence of clients from public support (i.e., to assure they’ll eventually “graduate” to wellness and independence
- Needs of consumers
- Knowledge of professionals
- Vocational training and education
- Health needs that are met
- Stability and success of tenancies and longevity
- # of successfully delivered services to tenants
- Condition and appearance of housing after 6 months, 1 year and 2 years
- Housing tenancy
- Satisfaction

- An increase in the number of families, men or women or single parent placements in recovery
- Ease of application/eligibility
- Links to community resources and services
- Successful reintegration and promotion of peer counselors working with families and individuals
- Permanent long term housing
- Decrease in the number of evictions
- Consumer perspective gather by consumers
- Length of continuous tenancy
- Increase in health and well being
- Tenant satisfaction
- Maintaining independent living with less support
- Unit turnover rates and reasons